IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 117150 OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320 Date: September 15, 2003 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application POWER OUTPUT APPARATUS, HYBRID POWER OUTPUT APPARATUS, METHOD For (Title): OF CONTROLLING THE SAME, AND HYBRID VEHICLE Koichi OSAWA and Toshio INOUE By (Inventors): \boxtimes Formal drawings (Figs. 1-15D; 14 sheets) are attached. Use Figure for front page of Publication.

A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. ____ filed ____.

(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This application claims benefit of Provisional Application No. This patent application is assigned to Toyota Jidosha Kabushiki Kaisha. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign applications No. 2002-289192 filed October 1, 2002 in Japan and No. 2003-167716 filed June 12, 2003 in Japan is claimed (35 U.S.C. §119).

A certified copy of the above corresponding foreign applications is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A **SMALL ENTITY SMALL ENTITY RATE** FEE <u>OR</u> OR

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	22 - 20	= 2
INDEP CLAIMS	12 - 3	= 9
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

\$ 375 9 = \$ х \$ 42 = 140 =\$ **TOTAL** \$

OR

<u>OR</u>

OR

OR

RATE	FEE
	\$ 750
x 18	\$ 36
x 84	\$ 756
+ 280	\$
TOTAL	\$1,542

 \boxtimes Check No. 146306 in the amount of \$1,542.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filling, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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